

Case Number:	CM14-0164016		
Date Assigned:	10/08/2014	Date of Injury:	09/16/2013
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient had her injury on 9/16/13 when she suffered 3 fractures of her left foot and her diagnoses noted by her M.D. on 2/4/14 were healed fracture of left metatarsal bones, and tendinitis and plantar fasciitis of the left foot. She was also noted to have had improvement of migraine headaches with acupuncture treatment. A functional capacity evaluation was done on 3/25/14. On 6/4/14 her M.D. noted pain and throbbing and mild swelling of her left ankle. Also, there was noted to be spasm and tenderness of the left plantar muscles and medial foot. The M.D. noted that work hardening was denied and he requested 6 acupuncture treatments. Also he requested functional improvement measures and functional capacity evaluation. Also, Podiatry evaluation was requested. On 7/6/14 it was noted that 6 acupuncture sessions had been done and that there was significant functional improvement. On 9/11/14 the UR denied requests for qualified functional capacity evaluation, acupuncture, and ROM measures and aggressive ADL's.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Therapy: Qualified Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Functional Capacity Evaluations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21 81, Chronic Pain Treatment Guidelines chronic pain section Page(s): 48.

Decision rationale: The AECOM states that functional capacity measures are recommended as assessment to have measures to be used over the course of treatment in order to show increase in function or maintenance of function. It should include work function, ADL's and self reporting of disability and physical impairment. It should include ROM and should indicate the progressive course of treatment with an increase in active intervention over time. The MTUS also states that one should consider using functional capacity evaluation when it is needed to translate medical impairment into functional limitations and to determine work capability and the need for rehab. It also stated that describing functional limitations is not really a medical issue and that this type of evaluation could provide a more precise delineation of patient capabilities than is available from a routine physical exam. Also, such an evaluation would be beneficial in giving an unbiased evaluation instead of relying on information provided by either patient or employer. Lastly, functional capacity evaluation is very important when work requirements may exceed the patient limitations. We note that the patient is having chronic pain from a foot injury being treated conservatively and the M.D. is seeking to return the patient to work and to maximize her ADL's and function. Therefore, qualified functional capacity evaluation appears to be very instrumental in helping to achieve these goals for this patient. Therefore, the UR decision is overturned.

6 Sessions of Acupuncture (Electro Acupuncture, Manual Acupuncture, Myofascial Release Electrical Stimulation, Infrared): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 8 9.

Decision rationale: The MTUS states that acupuncture is used either when pain medicine is not tolerated or being decreased and that it may be used as an adjunct to PT or to surgery to hasten functional recovery. It involves insertion and removal of needles to stimulate specific acupuncture points. It can be used to decrease pain, decrease inflammation, increase blood flow, increase ROM, decrease nausea from pain meds., and reduce muscle spasm. The MTUS also noted that acupuncture can be used with electrical stimulation and is done by applying an electrical current to the acupuncture site. It is used to increase effectiveness by continuous stimulation of the endpoint. Its physical effects can include release of endorphins, decrease in inflammation, increase in blood flow, interruption of pain stimuli, and muscle relaxation. The MTUS also notes that the time to produce functional improvement is 3-6 treatments and that the treatments should be given 1-3 times per week. It also states that the usual duration is 1-2 months but these limits may be exceeded if functional improvement is noted. We note that this patient benefited in the past from acupuncture for headaches and that she was noted to have functional improvement after her first acupuncture treatments. Her acupuncture is being given with the desire to being augmented by the use of a work hardening program and aggressive physical

therapy. Therefore, the UR decision is overturned and the patient should be afforded the use of acupuncture treatment.

Range of Motion Measurement and Addressing ADLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 174.

Decision rationale: The MTUS states that the goal of treatment is to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self therapy, seeking to use independent ROM exercises and rehab exercise. The patient needs to be encouraged to return to prior activities despite residual pain. The use of active treatment modalities such as exercise and education are helpful. This provides better clinical outcomes than a passive approach. In the section on the neck and upper back it is noted that specific exercises for both ROM and strengthening are beneficial. In the above patient addressing and correlating ROM and ADL performance would be beneficial in an integrated exercise treatment in order to restore maximum recovery at home and at work. Therefore, the UR decision is reversed and the patient should be offered this treatment.